

MICHIGAN HEALTH INFORMATION TECHNOLOGY COMMISSION

November 20, 2014

The Michigan Health IT Commission is an advisory Commission to the Michigan Department of Community Health and is subject to the Michigan open meetings act, 1976 PA 267, MCL 15.261 to 15.275



Agenda

- A. Welcome & Introductions
- B. Review & Approval of 10/16/2014 Meeting Minutes
- C. HIT/HIE Update
- D. Introduction to Long Term Supports and Services (LTSS)-No Wrong Door Transformation Project
- E. State of Michigan's Long Term Care Lean Project
- F. CareConnect360 (CC360)
- G. Open Forum on Long Term Supports and Services and HIT/HIE
- H. HITC Next Steps
- I. Public Comment
- J. Adjourn



Welcome & Introductions

- Commissioner Updates



HIT/HIE Update

Meghan Vanderstelt, MDCH



2014 Goals – November Update



Governance Development and Execution of Relevant Agreements

- Detroit Wayne Mental Health Authority (DWMHA) Pre-Paid Inpatient Health Plan (PIHP) became Michigan's newest Payer QO; Washtenaw PIHP also signed QDSOA; six other PIHPs reviewing QDSOA
- Altarum and Surescripts completed review of State-Sponsored Sharing Org. Agt.
- MiHIN Payer QO Day November 13 from 10:00 AM - 3:00 PM, MSMS Board Room
 - 40 attendees from MDCH/Medicaid, Commercial Payers, PIHPs
 - Defined and prioritized Use Cases for Payers
- Privacy WG history of consent in Michigan brief approved to send to MiHIN Board
- New opinion letter from Dickenson-Wright on HIV, Reportable Labs, and patient consent being reviewed by DCH legal
- New legal opinion letter on CQMs containing sensitive information being reviewed
- Foley-Lardner opinion on ADTs and breaches confirms 2013 WNJ opinion letter
- Foley-Lardner brief and opinion on "gray areas" for consent under review by DCH

Technology and Implementation Road Map Goals

- Second tier hospitals required to send ADTs by December 15 for BCBSM incentives
 - All but one organization (Karmanos) has scheduled onboarding by the deadline
- Estimated **90%** of admissions Statewide now being sent through MiHIN by 12/31/14
- Medication Reconciliation Use Case and Common Key Service both now underway
- Statewide Consumer Directory working in "alpha" version
- Statewide Provider Directory now integrated with modernized NPPES
- Incident Escalation Policies, Procedures and Plan currently under revision by MOAC Security Working Group (SWG) after review by Foley-Lardner security practice

2014 Goals – November Update

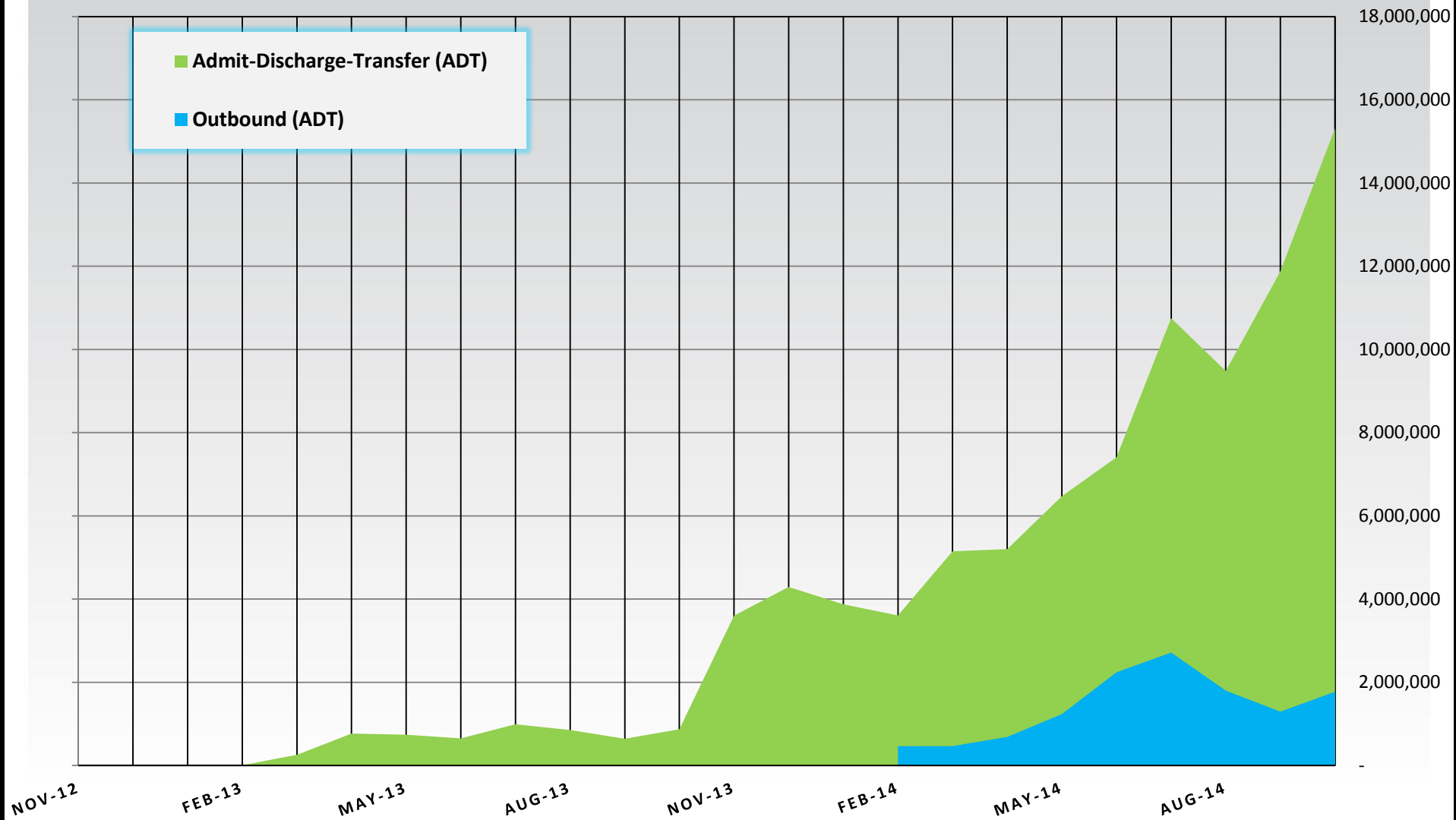
QO & VQO Data Sharing

- More than 107+ million messages received since production started May 8, 2012
 - 3 million+ ADT messages/week; 1 million+ public health messages/week
- Reportable lab messages steadily increasing, now more than 107,000 received
- More than 13.5 million syndromic surveillance messages received
- Numerous new Use Cases emerging – Receive State Labs is next

MiHIN Shared Services Utilization

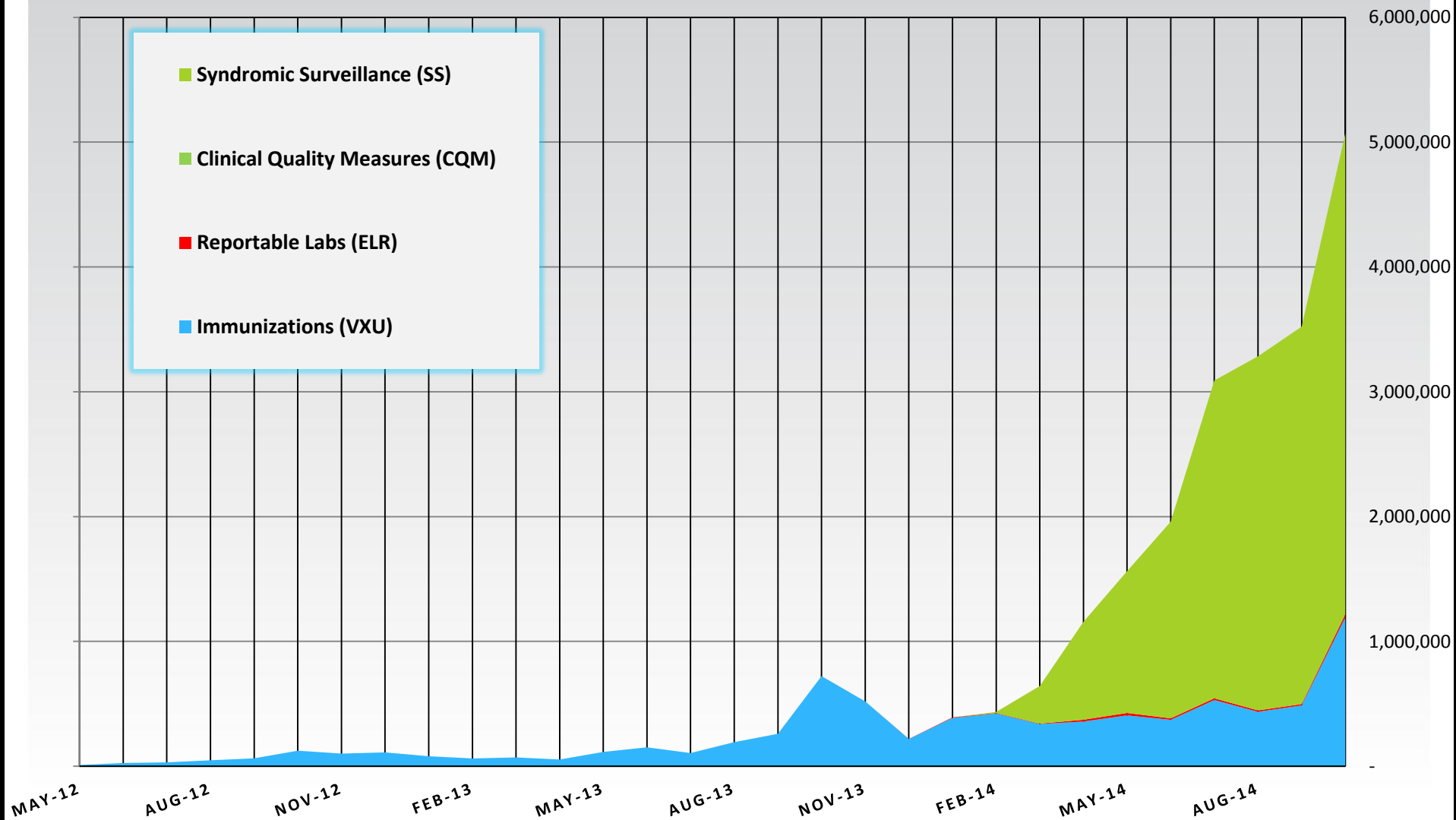
- New Use Cases onboarding:
 - Continue to pilot Newborn Screening/Pulse Oximetry/CCHD Use Case at 2 sites
 - Michiana HIN (MHIN) now submitting Reportable Labs
 - Continue Immunization History/Forecast (Query By Parameter) at 2 sites
 - One site advancing the Social Security Administration electronic disability determination Use Case
- MiHIN and The Use Case Factory™ have finalized Use Case Summaries for: Common Key Service (CKS), Statewide ADT Notification Service, Active Care Relationship Service (ACRS), Single Sign On (SSO) for Providers and Consumer, Integrated Care Bridge Record (ICBR), Medication Reconciliation Service (“MedRec”) and four separate Statewide Health Provider Directory (HPD) Use Cases (Submit HPD, Basic Query, Advanced Query and Direct HISP Search Service)

MONTHLY MESSAGE COUNT



11/20/2014

MONTHLY MESSAGE COUNT



MiHIN Monday Metrics (M3) Report

2 Week Total	Prod. Running Total**	Sources in Prod. Through MiHIN	Sources in DQA	QOs in production	QOs in test	vQOs in production	vQOs in test	Use Case
513,852	8,158,590	1,326	612	5	1			Immunization Records Submit (VXU)
12,712	116,066			2				Reportable Labs Summaries (ELR)
	6,047,338			2				Transition of Care - Payers/BCBSM (ADT)
1,328	286,614			1		1		Admit-Discharge-Transfer (ADT) Spectrum/Carebridge
7,302,992	89,360,981	68	1	5		1		All Patient- All Payer ADT Notification Service
				5		1		Submit Data to Active Care Relationship Service
				5		1		Submit Data to Health Provider Directory
1,747,180	13,548,192		12		3		1	Receive Syndromics
	202							Clinical Quality Measures
9,578,064	117,517,983	1,394	625	25	4	4	1	Totals

11/20/2014



November 2014

MDCH Data Hub

Improved Data Quality and Confidence through HIE Vaccination Messaging

In 2011, the Department of Community Health (DCH), the Michigan Care Improvement Registry (MCIR) and HIE Stakeholders embarked on the creation and implementation of the first message to be transmitted from Provider EHR systems into the State of Michigan's MCIR system via the Michigan Health Information Exchange. In addition to the participating providers being able to obtain Meaningful Use credit for the immunization data transmitted, DCH and MCIR felt confident that the receipt of immunization information via HIE would not only modernize the way the data was transmitted but also result in improved data quality. The message went live in May of 2012 and MCIR now has data quality measures to report.

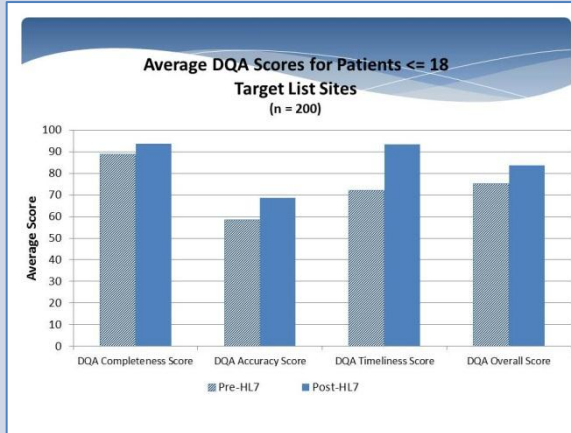
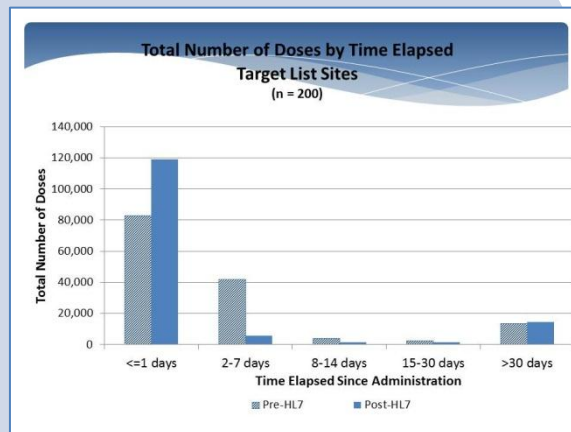
Immunization dosages administered to patients 18 years old or less must be reported to MCIR within 72 hours. A recent change now has adult immunizations also stored in MCIR. MiHIN has been an active partner to assist in MCIR obtaining information from corporate submitters (CVS, Meijers, Walgreens, etc.) which is leading to improved adult vaccination information in MCIR.

Since the implementation of HIE vaccination messaging, timeliness – the reporting of the administered dosage within the first day - has increased by more than 20%. Accuracy and completeness of the data has also improved. The quality improvements assist providers as the MCIR system is more efficient in alerting providers of vulnerable patients who are still in need of season vaccines, such as the flu vaccine. Improved quantity and quality of immunization information allow providers to prioritize patient outreach efforts towards immunization administration and helps prevent duplicate vaccination. From the state side, improved information in MCIR leads to improved management of vaccine inventory and response during flu season or flu pandemics.

MCIR has also realized quality improvements with the MCIR/MPI integration project. Initial integration with the Master Person Index helped identify 14,000 duplicate records within MCIR. Once full integration is achieved in early 2015, the systems will work together to prevent duplicates from being introduced.

Transition to HIE for MCIR Continues

Currently there are 1,354 production submitters via Michigan's HIE platform with 433,466 unduplicated immunizations captured this last month. Migration to HIE transmission continues as there are 4766 sites still using the legacy reporting method. MCIR staff are currently working with 723 locations to move into HIE production.





November 2014

MDCH Data Hub

MDCH Data Hub Message traffic volumes received via HIE from MiHIN

Month	MCIR - Immunization	MDSS - Disease Surveillance	MSSS - Syndromic Surveillance	Total Valid Messages
January	352,041	4,467	0	356,508
February	412,533	3,781	1,058	417,372
March	354,644	4,978	176,067	535,689
April	367,491	56,300	737,226	1,161,017
May	320,781	148,230	991,475	1,460,486
June	363,452	11,378	1,519,556	1,894,386
July	532,439	13,782	2,494,651	3,040,872
Aug	444,102	11,376	2,829,176	3,284,654
Sept	622,828	9,955	3,538,657	4,171,440
Oct	1,381,913	21,644	3,828,113	5,231,670
Total 10/20/2014	5,152,224	285,891	16,115,979	21,554,094



Participation Year (PY) Goals

	Reporting Status	Prior # of Incentives Paid (September)	Current # of Incentives Paid (October)	PY Goal Number of Incentive Payments	PY Medicaid Incentive Funding Expended
Eligible Provider (EPs)	AIU 2013	1245	1294	1,003	\$27,093,769
	AIU 2014	139	173	1,000	\$3,633,752
	MU 2013	874	882	1,043	\$7,414,843
	MU 2014	29	33	1,444	\$280,500
Eligible Hospital (EHs)	AIU 2013	15	16	15	\$6,864,231
	AIU 2014	0	0	17	\$0
	MU 2013	78	79	70	\$28,167,511
	MU 2014	2	4	44	\$1,976,985

Cumulative Incentives for EHR Incentive Program 2011 to Present

	Total Number of 5 EPs & EHs Paid	Total Federal Medicaid Incentive Funding Expended
AIU	4,113	\$162,239,014
MU	1,559	\$74,819,335

2014 Goals – November Update

Federally Funded REC

Supporting adoption and achievement of Stage 1 Meaningful Use with a minimum of 3,724 priority providers across Michigan's primary care community.

- **3,724(+)** **Milestone 1:** Recruitment of Eligible Priority Primary Care Providers (PPCPs); 100% to goal
- **3,724(+)** **Milestone 2:** EHR Go-Live with PPCPs; 100% to goal
- **3,341** **Milestone 3:** Stage 1 Meaningful Use Attestation with PPCPs; 89% to goal

MDCH Medicaid Program (90/10)

Supporting providers in Michigan with high volumes of Medicaid patients in attaining Meaningful Use.

- **474- Specialists Sign-Ups:** Recruitment of Medicaid eligible specialists (Non-Primary Care)
 - 126- AIUs | 1- 90day MU attestation | *Specialist Sign-Up breakdown: Dentistry 55%, Mental Health 33%, Optometry 5%, Other 6%*
- **201- Stage1Year1(or2) Sign-ups:** Recruitment of MEPs in Stage 1 of Meaningful Use (Non-Specialists)
 - 17- AIUs | 12- 90day MU attestation
- **30- Stage2Year1 Sign-ups:** Recruitment of MEPs in Stage 2 of Meaningful Use
 - 1- 90day MU Attestation

M-CEITA Provider Metrics

Client data provides insight into EHR adoption and Meaningful Use landscape across Michigan Providers.

- 60% of clients working with M-CEITA to achieve Meaningful Use are enrolled in the Medicare Incentive Program versus 30% of clients who are enrolled in the Medicaid Incentive Program
- 10% of clients working with M-CEITA have met the standards for Stage 1 Year 1 of Meaningful Use even though they are 'not eligible' for the MU Incentives
- To date, 89% of M-CEITA clients have achieved Stage 1 Year 1 in Meaningful Use

Million Hearts Initiative

Expanding our focus to assist providers with future stages of MU, other quality process improvement and public health priorities with an emphasis on EHR-enabled improvements.

- M-CEITA has begun tracking client practices that have committed to reporting on the Million Hearts related CQMs through a proprietary tool called the eMUGA
- M-CEITA is conducting a Million Hearts Call to Action Demonstration Project, designing and implementing a practice-level QI program to improve care coordination and measure improvement in the health of at risk patients
- M-CEITA is partnering with MDCH HDSP/DPCP on the CDC 1305 and 1422 grants to improve high BP and A1C prevalence through the use of EHRs
- M-CEITA is participating in the National ASTHO Million Hearts Learning Collaborative, partnering with MDCH to improve hypertension rates in selected clinics

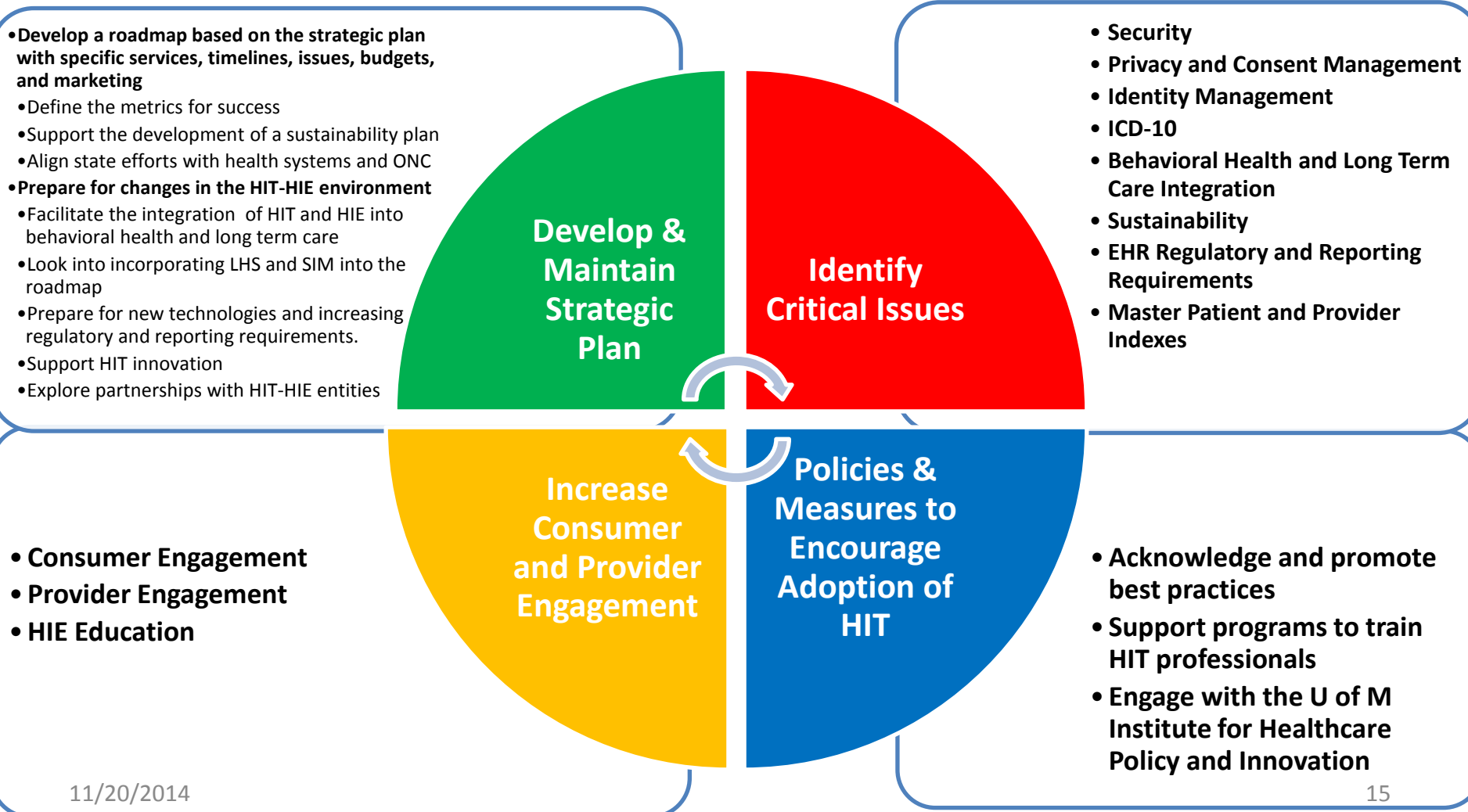
November 2014 Updates

- Dashboard
- Electronic Consent Management Follow Up
- Annual Report
- Public Comment



2014 HITC Topics

Objective: To recommend and advise the Michigan Department of Community Health on Policy decisions, business and technical needs, and general oversight for the following HIT activities essential to the State of Michigan HIT and HIE landscape during 2014.



Existing and Emerging Domains

- On Agenda in 2014:
 - Stakeholder and Consumer Engagement
 - Governance, Policy, and Innovation
 - Privacy and Security
- New additions to Agenda in 2015:
 - Care Coordination
 - Person Centered Planning
 - Population Health and Data Analytics

Why Focus on Transformative Efforts?

- Data does not improve quality;
- Research does not improve quality;
- Only the **use** of data and the application of **research** may improve quality.
- Focus on a system that stimulates data utilization and promotes research in order to improve the quality of care.

2014 Annual Report Outline

- I. Introduction
- II. Meet the Commissioners
- III. Stakeholder and Consumer Engagement
- IV. Governance, Policy, and Innovation
- V. Privacy and Security
- VI. Forecast of 2015 Activity
 - i. Continue Evaluating 2014 Domains
 - ii. New Domains: Care Coordination, Person Centered Planning, Population Health and Data Analytics
- VII. Conclusion

LTSS 101: What are Long-Term Supports and Services?

Phil Kurdunowicz, Analyst
Office of Health Information Technology
Michigan Department of Community Health

11/20/2014

Presented to the Health Information Technology
Commission on November 20, 2014



Why are we talking about Long-Term Supports and Services today?

- Governor Snyder's Special Message on Aging
- Long-Term Care Lean Process Improvement/No Wrong Door Transformation Project
- MI Health Link Demonstration

What are Long-Term Supports and Services?

- Terminology
 - Long-Term Care
 - Long-Term and Post-Acute Care
 - Home and Community-Based Services
 - Long-Term Supports and Services

Long-Term Care
+ Home and Community-Based Services

Long-Term Supports and Services (LTSS)

What are Long-Term Supports and Services?

A spectrum of supports and services that an individual may use over an extended period of time to achieve his or her needs and goals.



Who uses Long-Term Supports and Services?

Needs

- Post-acute care
- Aging need
- Mental health issue
- Substance use disorder
- Physical disability
- Developmental or intellectual disability
- Functional limitation
- Multiple chronic conditions



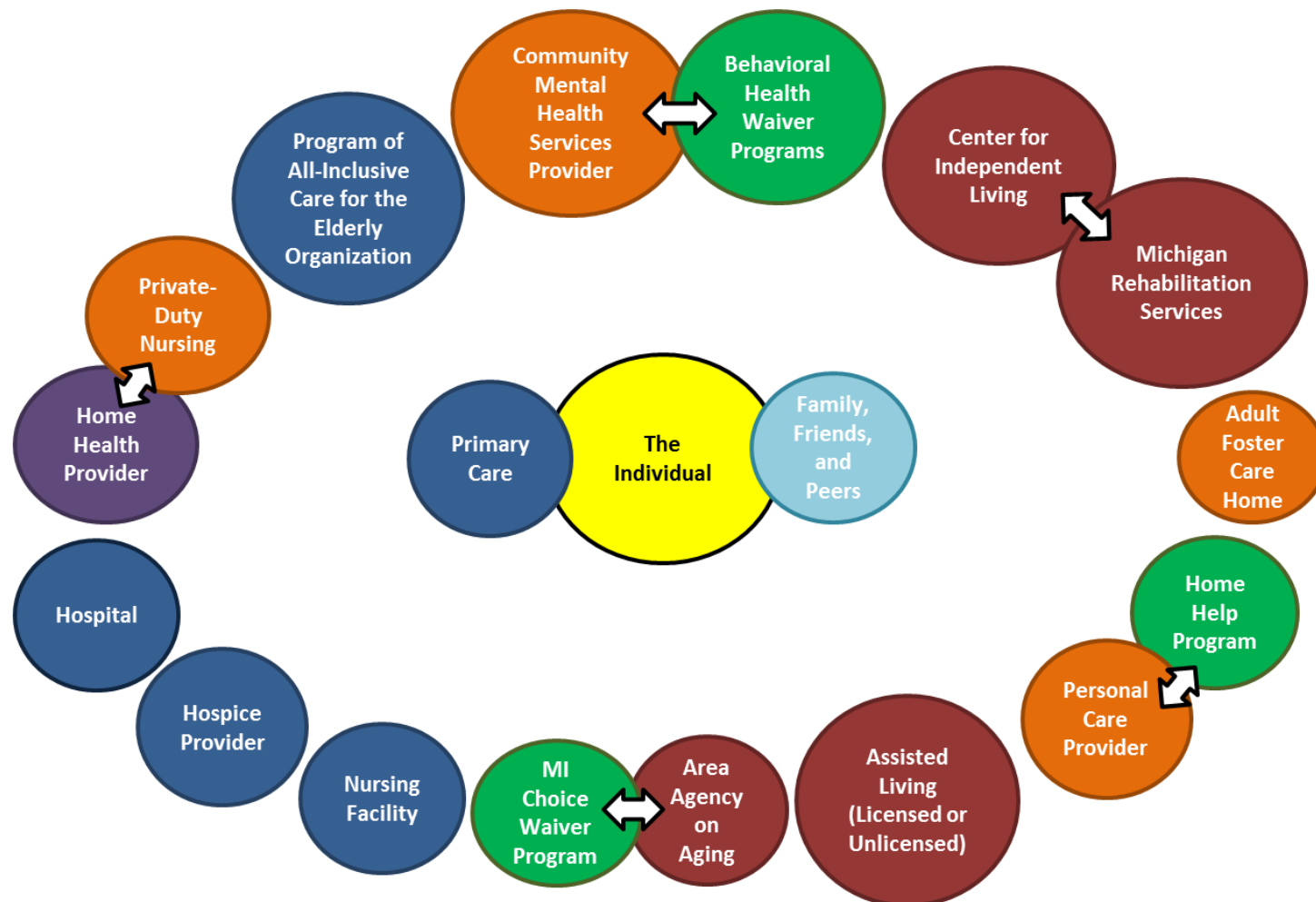
Goals

- Recovering from an illness or injury
- Addressing ongoing medical or non-medical needs
- Living in the community
- Transitioning between settings
- Supporting employment or education

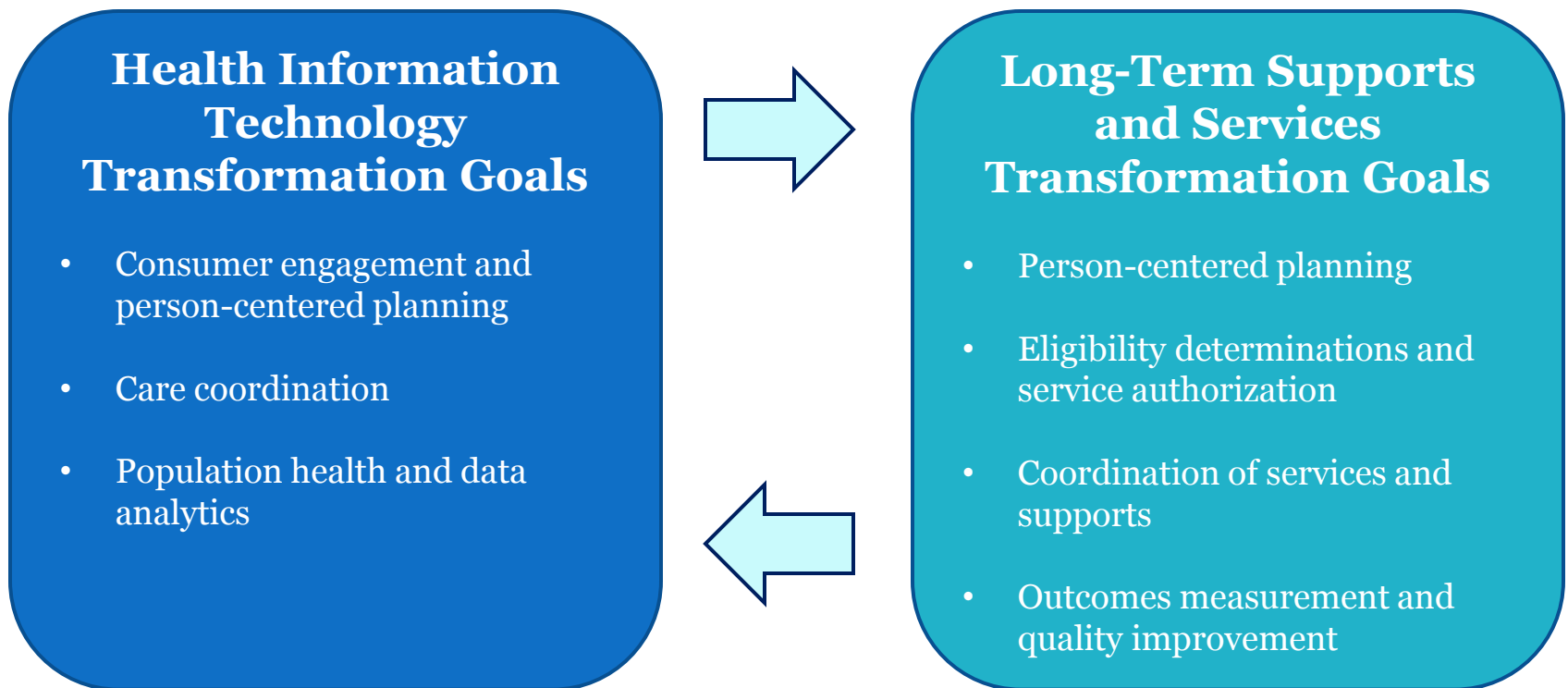


Long-Term Supports and Services

Who provides Long-Term Supports and Services?



How can data sharing improve the Long-Term Supports and Services system?



Thank you!

UP NEXT: What is the No Wrong Door (NWD) Transformation Project?

Wendi Middleton
Office of Services to the Aging
Michigan Department of Community Health

LTSS Process Improvement Project/
No Wrong Door (NWD)
Transformation Project
Michigan



Office of Services to the Aging
Improved Consumer Access to Long Term
Supports and Services (LTSS)

Aim & Purpose

- ◆ Offer streamlined and accessible long-term supports and services (LTSS) for people of all ages, disabilities, and income levels, regardless of payment source, using a “No Wrong Door” (NWD) system.
- ◆ A NWD system connects people to services as quickly and easily as possible, eliminating the need for the person to contact different service providers to get information about and access to needed services.
- ◆ Our 12 month goal is to develop a comprehensive three-year plan to report on state level structural systems and barriers to accessing LTSS with recommendations to address the deficits.

History of the Project

- 2013 - ADRC support needed –OSA reaches out to other state departments
 - **ADRC's are virtual partnerships between Area Agencies on Aging (AAA's) and Centers for Independent Living (CIL's)/Disability Networks which provide NWD, one-stop, unbiased information about LTSS options, through person-centered counseling and the development of a person-centered plan. Using this person-centered approach consumers can make informed decisions about their needed supports and services. ADRC's also connect people to agencies and service providers, eliminating the need for people to call individual agencies to learn what is available and connect on their own.**
- November 2013 -Initial meeting with representatives of agencies, bureau's and departments administering LTSS to explore interest in pursuing improvement project
- November 2013 – March 2014 – 6 days of Lean Process Improvement to identify issues and develop draft recommendations
- March 2014 – Sponsors review/approve recommendations

History of the Project

- May 2014 – First Cross-departmental Coordinating Council meeting held
 - Phil Kurdunowicz – Data-Sharing Subcommittee/meetings commence
- June 2014 – Administration on Community Living offers NWD Systems Transformation grant opportunity, OSA develops grant proposal due in July
- September 29, 2014 – OSA receives grant
- October 2014 – OSA contracts with Demmer Center for Business Transformation and Sergeant Results Group to support project
- November 7, 2014 – First meeting with support of grant funds is held
- November 21, 2014 presentation to HIT Commission

The State of Michigan Team

- **Co-leadership/Sponsors**
 - Kari Sederburg, Director, Office of Services to the Aging (OSA)
 - Nick Lyons, Director, Michigan Department of Community Health (MDCH)
 - Duane Berger, Chief Deputy Director, Michigan Department of Human Services (MDHS)
 - Mike Zimmer, Acting Director, Michigan Department of Licensing and Regulatory Affairs (LARA)
- **Project Director**
 - Leslie Shanlian, Deputy Director, OSA
- **Key Staff**
 - Wendi Middleton, Director, Program and Partnership Development Division, OSA

Cross-Departmental Coordinating Council

- The Cross-Departmental Coordinating Council is comprised of staff from a variety of state departments and agencies responsible for administration of LTSS.
- Members are:
 - Brian Barrie, Director, Long Term Care Services Division, MSA, MDCH
 - Tom Curtis – Senior Quality Analyst, Quality Improvement and Program Development Section, Managed Care Plan Division, MSA, MDCH
 - Phillip Kurdunowicz, Health Information Analyst, Office of Health Information Technology, (HIT), MDCH
 - Jeff Weiferich, Acting Director, Division of Quality Management and Planning (QMP), Behavioral Health and Developmental Disabilities Administration (BHDDA), MDCH
 - Cynthia Farrell, Program Manager, Office of Adult Services and HIV/AIDS Unit, MDHS
 - James Bunton, Director, Policy & Business Services/Southeast Division, Michigan Rehabilitation Services (MRS)
 - Gail Maurer, Director, Long Term Care Division, Bureau of Health Care Services, LARA
 - Michelle Best – State Administrative Manager, Field Operations Administration, Medicaid Policy and SSI, MDHS
 - Leslie Shanlian, Deputy Director, OSA
 - Wendi Middleton, Director, Program and Partnership Division, OSA

Vision, Mission and Values

- Vision – What we want to see happen in the future state
 - Each individual's preferred outcomes are supported through an integrated, comprehensive, and coordinated person-centered system (MI- Resources, Options and Services for You - MI ROSY).
- Mission: Why We exist
 - Creating ease for persons of all ages seeking long term supports and services
- Values:
 - Create a better customer experience – so customers only tell their story once
 - Based on person-centered planning outcomes
 - Various stakeholder interests are balanced
 - Foster interdepartmental coordination
 - Structure of the government system is invisible for the consumer
 - Sustainable system
 - Eliminate redundancy in systems to create efficiencies
 - Information available when and where it is needed (health, service, customer, etc.)

Three Year Plan Objectives

1. **Expand a project to eliminate state-level barriers** to streamlined LTSS access using Lean process improvement methods.
2. **Support the Cross-departmental Coordinating Council** to provide oversight of ongoing development, implementation, evaluation and continuous improvement.
3. **Build on the evolving work of the ADRCs** including, but not limited to a primary focus on person-centered thinking, counseling and planning.
 - **Person-Centered Planning (PCP)** is a self-directed process to plan for individualized supports and services that honor the person's strengths, goals, and preferences. The person is considered to be the best expert in their own life and unbiased information is provided so the person can make informed decisions about LTSS. The person-centered plan promotes living in the setting of choice, staying connected to the community, and a sense of well-being.
 - The person-centered planning process involves families, friends, and professionals as the individual desires or requires (Michigan Compiled Laws Annotated 330.1700 (g)).

Three Year Plan Objectives

4. **Reach consensus on implementation strategies for streamlining** state-level benefit assessment, eligibility determination and enrollment systems/processes, including data sharing capacity across state systems.
5. **Transmit new requirements to grantees and contractors** involved in LTSS for consistency and streamlined access through development of new policy and regulation.

Coordinating Council Subcommittees

- Data Sharing – currently meeting
 - Champion – Phil Kurdunowicz
- Eligibility Determination/Enrollment Processes – under development
 - Champion – Brian Barrie
- Definitions –under development
 - Champion – Wendi Middleton

Questions?

Please contact:

- Leslie Shanlian – 517-241-0988
- Wendi Middleton – 517-373-4071
- Data Sharing Subcommittee – Phil Kurdunowicz – 517-241-9841

Thank you for your time!



CareConnect360

Cynthia Green-Edwards, Director
Office of Medicaid Health Information Technology

November 20, 2014

Transforming the Healthcare System

- ▶ Long Term Care Lean Project
- ▶ Integrated Care Demonstration for Dual Eligible Individuals (Medicare and Medicaid) – MI Health Link
- ▶ Medicaid Behavioral and Physical Health Care Coordination
- ▶ Medicaid Expansion – Healthy Michigan Plan
- ▶ State Innovation Model – Blueprint for Michigan
- ▶ Patient-Centered Medical Home – Michigan Primary Care Transformation Project (MiPCT)
- ▶ Pathways Community Hub Model
- ▶ Health Homes




Enabling Transformation

- ▶ Data to support
 - Coordination of Care
 - Data Analytics
 - Care/case management
- ▶ MDCH Data Sources
 - Health Information Exchange
 - Data Extract
 - CareConnect360 – Statewide Care Management Web Portal

CareConnect360

- ▶ Goal to improve Care Coordination
- ▶ Facilitate sharing of critical cross-system information
 - Report chronic conditions
 - Measure results statewide
 - Outcomes
 - Effectiveness of care
 - Quality
 - Performance
 - Population health
 - Improve risk and outcome management
 - Support forecasting

Demographic Information and Chronic Conditions

[Michigan.gov](#)
[Application Home](#)
[Beneficiary Lookup](#)
[My Notes](#)
[Features](#)
[Training](#)
[Contact](#)
[Exit](#)

Care Coordination

Medicaid ID:
Name:
Birth Date: (64)
 [Hide More Info](#)

Address:
County of Residence: SAGINAW (73)

Medicaid Health Plan: Fee For Service
 Gender: Male



Assigned PIHP: Mid-State Health Network
 Dual: NO

Primary Care Provider: [None](#)
Current Benefit Plans: ☐ [Click to view all plans](#)


- ☐ MI Choice
- ☐ PIHP
- ☐ MA
- ☐ MICHOCCEM

Last MD/DO Claim: [HUGHES JOHN \(07/28/2014\)](#)
Current BMP Assigned Providers: None



Last Care Mgmt Visit: [SAGINAW PSYCHOLOGICAL SERVICES \(05/21/2014\)](#)

Chronic Conditions	Client Profile	Claims	Notes																																																																								
<p><i>This is a snapshot of a person's potential conditions as of today, and an indicator of potential issues which may need further follow-up.</i></p> <p>These conditions were selected based their morbidity and/or mortality impact on the State of Michigan https://www.ccwdata.org/web/quest/home and/or through CMS identification and analysis. The process used to define each condition involved identifying nationally recognized definitions, and reporting tools and methods (i.e. HEDIS). ICD 9 codes, NDC coding and other coding norms were used to develop algorithms to identify the possibility or likelihood of specified chronic conditions.</p> <p>The information reflects and is limited to the presence or absence of paid claims submitted using the specified conditions.</p> <p>This page is not intended to serve as a problem list or replace the electronic health record. As always, the best source of information is from the individual himself or herself however, this tool allows the provider access to information for the beneficiary at a single point in time.</p>																																																																											
<div>Export to Excel </div> <table border="1"> <thead> <tr> <th>Details</th> <th>Conditions</th> <th>Current</th> <th>Current Count</th> <th>History</th> <th>History Count</th> </tr> </thead> <tbody> <tr> <td>Details</td> <td>ASTHMA</td> <td><input checked="" type="checkbox"/></td> <td>42</td> <td><input checked="" type="checkbox"/></td> <td>68</td> </tr> <tr> <td>Details</td> <td>BIPOLAR</td> <td><input checked="" type="checkbox"/></td> <td>12</td> <td><input checked="" type="checkbox"/></td> <td>57</td> </tr> <tr> <td>Details</td> <td>CHF</td> <td><input checked="" type="checkbox"/></td> <td>25</td> <td><input checked="" type="checkbox"/></td> <td>30</td> </tr> <tr> <td>Details</td> <td>COPD</td> <td><input checked="" type="checkbox"/></td> <td>136</td> <td><input checked="" type="checkbox"/></td> <td>310</td> </tr> <tr> <td>Details</td> <td>DIABETES</td> <td><input checked="" type="checkbox"/></td> <td>161</td> <td><input checked="" type="checkbox"/></td> <td>380</td> </tr> <tr> <td>Details</td> <td>HYPERLIPIDEMIA</td> <td><input checked="" type="checkbox"/></td> <td>16</td> <td><input checked="" type="checkbox"/></td> <td>19</td> </tr> <tr> <td>Details</td> <td>HYPERTENSION</td> <td><input checked="" type="checkbox"/></td> <td>73</td> <td><input checked="" type="checkbox"/></td> <td>283</td> </tr> <tr> <td>Details</td> <td>MJR DEPRESSION</td> <td><input checked="" type="checkbox"/></td> <td>25</td> <td><input checked="" type="checkbox"/></td> <td>79</td> </tr> <tr> <td>Details</td> <td>OBESITY</td> <td><input checked="" type="checkbox"/></td> <td>9</td> <td><input checked="" type="checkbox"/></td> <td>11</td> </tr> <tr> <td>Details</td> <td>SCHIZ</td> <td><input checked="" type="checkbox"/></td> <td>30</td> <td><input checked="" type="checkbox"/></td> <td>63</td> </tr> <tr> <td>Details</td> <td>SEIZURE EPILEPSY</td> <td><input checked="" type="checkbox"/></td> <td>3</td> <td><input checked="" type="checkbox"/></td> <td>1</td> </tr> </tbody> </table> <div>  Page size: 20 11 items in 1 pages </div>				Details	Conditions	Current	Current Count	History	History Count	Details	ASTHMA	<input checked="" type="checkbox"/>	42	<input checked="" type="checkbox"/>	68	Details	BIPOLAR	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	57	Details	CHF	<input checked="" type="checkbox"/>	25	<input checked="" type="checkbox"/>	30	Details	COPD	<input checked="" type="checkbox"/>	136	<input checked="" type="checkbox"/>	310	Details	DIABETES	<input checked="" type="checkbox"/>	161	<input checked="" type="checkbox"/>	380	Details	HYPERLIPIDEMIA	<input checked="" type="checkbox"/>	16	<input checked="" type="checkbox"/>	19	Details	HYPERTENSION	<input checked="" type="checkbox"/>	73	<input checked="" type="checkbox"/>	283	Details	MJR DEPRESSION	<input checked="" type="checkbox"/>	25	<input checked="" type="checkbox"/>	79	Details	OBESITY	<input checked="" type="checkbox"/>	9	<input checked="" type="checkbox"/>	11	Details	SCHIZ	<input checked="" type="checkbox"/>	30	<input checked="" type="checkbox"/>	63	Details	SEIZURE EPILEPSY	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	1
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Details	ASTHMA	<input checked="" type="checkbox"/>	42	<input checked="" type="checkbox"/>	68																																																																						
Details	BIPOLAR	<input checked="" type="checkbox"/>	12	<input checked="" type="checkbox"/>	57																																																																						
Details	CHF	<input checked="" type="checkbox"/>	25	<input checked="" type="checkbox"/>	30																																																																						
Details	COPD	<input checked="" type="checkbox"/>	136	<input checked="" type="checkbox"/>	310																																																																						
Details	DIABETES	<input checked="" type="checkbox"/>	161	<input checked="" type="checkbox"/>	380																																																																						
Details	HYPERLIPIDEMIA	<input checked="" type="checkbox"/>	16	<input checked="" type="checkbox"/>	19																																																																						
Details	HYPERTENSION	<input checked="" type="checkbox"/>	73	<input checked="" type="checkbox"/>	283																																																																						
Details	MJR DEPRESSION	<input checked="" type="checkbox"/>	25	<input checked="" type="checkbox"/>	79																																																																						
Details	OBESITY	<input checked="" type="checkbox"/>	9	<input checked="" type="checkbox"/>	11																																																																						
Details	SCHIZ	<input checked="" type="checkbox"/>	30	<input checked="" type="checkbox"/>	63																																																																						
Details	SEIZURE EPILEPSY	<input checked="" type="checkbox"/>	3	<input checked="" type="checkbox"/>	1																																																																						

Chronic Conditions Criteria



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Care Coordination

Medicaid ID: Name: Birth Date: (64) Show More Info


Chronic Conditions Client Profile Claims Notes

This is a snapshot of a person's potential conditions as of today, and an indicator of potential issues which may need further follow-up.

These conditions were selected based their morbidity and/or mortality impact on the State of Michigan <https://www.ccwdata.org/web/guest/home> and/or through CMS identification and analysis. The process used to define each condition involved identifying nationally recognized definitions, and reporting tools and methods (i.e. HEDIS). ICD-9 codes were used to develop algorithm chronic conditions.

The information reflects a snapshot of the beneficiary's health record submitted using the specified data source.

This page is not intended to be used for clinical decision making. As always, the beneficiary should consult with their healthcare provider for medical advice.

Export to Excel 

Details	Conditions	Current	Current Count	History	History Count
Details	ASTHMA	✓	42	✓	68
Details	BIPOLAR	✓	12	✓	57
					30
					310
					380
					19
					283
					79
					11
					63
					1
11 items in 1 pages					

Key Chronic Condition: Asthma

Asthma

The following is a list of criteria used by this system to determine a Medicaid individual for the condition shown above.

Source: AHRQ

Description:



- All patients with the diagnosis of asthma anywhere on a claim submitted to the MDCH Data Warehouse within the past 18 months are considered "Current"

Action: [Print](#) [Close](#)

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Care Coordination

Medicaid ID: Name: Birth Date: (64) [Show More Info](#)

Chronic Conditions

Client Profile

Claims

Notes

Client Profile

[Adult Foster Care:](#) No

[Home Help:](#) No

[PIHP OP/Community Based Service:](#) Yes

[PIHP Supports Coordinator/Care Management or Psychiatric IP Service:](#) Yes

[PIHP QI Data:](#) Yes

[Enrolled in Health Home:](#) No




Message:

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Care Coordination

Medicaid ID:
Name:
Birth Date:
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Chronic Conditions
Client Profile
Claims
Notes

Client Profile

[Adult Foster Care:](#) No
[Home Help:](#) [Yes](#)

[PIHP OP/Community Based Service:](#) No
[PIHP Supports Coordinator/Care Management or Psychiatric IP Service:](#) No

[PIHP QI Data:](#) [Yes](#)
[Enrolled in Health Home:](#) [Yes](#)

PIHP QI Data Details

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PIHP	CMH	Consumer ID	Residential Living Arrangement	Involved With Criminal Justice	Number Of Dependents	Employment	Education
2813566 - CMH Partnership of Southeast MI	1181674 - CMH Partnership of Southeast MI	00000093627	LIVING IN A PRIVATE RESIDENCE WITH FAMILY	NO	1	NOT IN THE COMPETITIVE LABOR FORCE	ATTENDEE ATTENDING UNDERGR COLLEGE

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1 items in 1 pages

Message:

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Care Coordination

Medicaid ID: **Name:** **Birth Date:** (64) [Show More Info](#)

[Chronic Conditions](#)
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Claim Category: All Claims-Detail
From Date: 05/10/2014
 To Date: 11/10/2014
 [Get Claims Data](#)

All Claims-Detail Data

Admissions
ED
Physician
RX
All Claims-Detail


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[Clear Filters](#)


Claim Type	Specialty	From Date	To Date	Primary Diagnosis
Outpatient OPPS				
> Outpatient OPPS	1588656946 - COVENANT MEDICAL CENTER	Hospital -- Outpatient	09/13/2014 09/14/2014	78701 - NAUSEA WITH VOMITING
> Outpatient OPPS	1588656946 - COVENANT MEDICAL CENTER	Hospital -- Outpatient	09/13/2014 09/14/2014	78701 - NAUSEA WITH VOMITING
> Outpatient OPPS	1588656946 - COVENANT MEDICAL CENTER	Hospital -- Outpatient	09/13/2014 09/14/2014	78701 - NAUSEA WITH VOMITING
> Outpatient OPPS	1588656946 - COVENANT MEDICAL CENTER	Hospital -- Outpatient	09/13/2014 09/14/2014	78701 - NAUSEA WITH VOMITING
> Outpatient OPPS	1588656946 - COVENANT MEDICAL CENTER	Hospital -- Outpatient	09/13/2014 09/14/2014	78701 - NAUSEA WITH VOMITING
> Outpatient OPPS	1588656946 - COVENANT MEDICAL CENTER	Hospital -- Outpatient	09/13/2014 09/14/2014	78701 - NAUSEA WITH VOMITING
> Outpatient OPPS	1588656946 - COVENANT MEDICAL CENTER	Hospital -- Outpatient	09/13/2014 09/14/2014	78701 - NAUSEA WITH VOMITING
> Outpatient OPPS	1588656946 - COVENANT MEDICAL CENTER	Hospital -- Outpatient	09/13/2014 09/14/2014	78701 - NAUSEA WITH VOMITING
> Outpatient OPPS	1588656946 - COVENANT MEDICAL CENTER	Hospital -- Outpatient	09/13/2014 09/14/2014	78701 - NAUSEA WITH VOMITING

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 1 2 3 4 5 6 7 8 9 10 ...
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Claims Tab - Detail Information



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Care Coordination

Medicaid ID:
Name:
Birth Date: (64)
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[Chronic Conditions](#)
[Client Profile](#)
[Claims](#)
[Notes](#)

Claim Category:
From Date:
To Date:
[Get Claims Data](#)

All Claims-Detail Data

[Export to Excel](#)



Claim Type	Billing Provider	Specialty	From Date	To Date	Primary Diagnosis
<input type="text" value="Outpatient OPPS"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> Outpatient OPPS	1588656946 - COVENANT MEDICAL CENTER	Hospital -- Outpatient	09/13/2014	09/14/2014	78701 - NAUSEA WITH VOMITING
> Outpatient OPPS	1588656946 - COVENANT MEDICAL CENTER	Hospital -- Outpatient	09/13/2014	09/14/2014	78701 - NAUSEA WITH VOMITING
> Outpatient OPPS	1588656946 - COVENANT MEDICAL CENTER	Hospital -- Outpatient	09/13/2014	09/14/2014	78701 - NAUSEA WITH VOMITING

Detail All Claims-Detail Information:

Rendering Provider:	1588656946 - COVENANT MEDICAL CENTER INC	Sub Specialty:	OP Cat Scan Body
Provider Type:	ENTITIES	Referring:	
Claim Status:	Paid	Secondary Code:	78791 - DIARRHEA
Teritary Code:	49320 - CHRONIC OBST ASTHMA NOS	E Codes:	
Admitting:		Procedure:	96361 - HYDRATE IV INFUSION ADD-ON
Revenue:	0260 - IV Therapy - General Classification	Modifier:	
Los:	1	Transaction Type:	FFS
Submission Reason:	ORIGINAL	TCN:	

> Outpatient OPPS
 1588656946 - COVENANT MEDICAL CENTER
 Hospital -- Outpatient
 09/13/2014
 09/14/2014
 78701 - NAUSEA WITH VOMITING

Claims Tab – Pharmacy

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Care Coordination

Medicaid ID:
Name:
Birth Date: (64)
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[Client Profile](#)
[Claims](#)
[Notes](#)

Claim Category:
From Date:
To Date:
[Get Claims Data](#)

RX Claims Data. [Clear Filters](#)




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Prescriber	Drug Name	Quantity	Days Supply	Fill Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> 1023006806 - HANNA, ENAM	LISINOPRIL 10 MG TABLET	30.0000	30	10/01/2014
> 1235443946 - Jagirdar, Mayuri	KLOR-CON 10 MEQ TABLET	30.0000	30	10/01/2014
> 1235443946 - Jagirdar, Mayuri	ASPIRIN EC 81 MG TABLET	30.0000	30	10/01/2014
> 1235443946 - Jagirdar, Mayuri	ROPINIROLE HCL 3 MG TABLET	30.0000	30	09/24/2014
> 1235443946 - Jagirdar, Mayuri	DIVALPROEX SOD ER 250 MG TAB	60.0000	30	09/24/2014
> 1235443946 - Jagirdar, Mayuri	BD ULTRA-FINE PEN NDL 8MMX31G	100.0000	30	09/24/2014
> 1235443946 - Jagirdar, Mayuri	PRAVASTATIN SODIUM 40 MG TAB	30.0000	30	09/24/2014
> 1235443946 - Jagirdar, Mayuri	HUMALOG 100 UNITS/ML KWIKPEN	15.0000	21	09/24/2014
> 1235443946 - Jagirdar, Mayuri	RISPERIDONE 1 MG TABLET	60.0000	30	09/24/2014
> 1366527251 - Martin, Scott	ISOSORBIDE MN ER 60 MG TABLET	90.0000	90	09/22/2014

94 items in 10 pages

Message:

11/26/2014 [Action](#) [Cancel](#) [Help](#)

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Care Coordination





Medicaid ID:
Name:
Birth Date: (39)
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[Client Profile](#)
[Claims](#)
[Notes](#)



Notes

Maintain caution when adding Notes, keeping in mind that all Notes entered here can be seen by all users who have access to this individual's data.

[Export to Excel](#) 

Details	User Name	Note Date	Subject
Clear filters 	<input type="text"/> 	<input type="text"/> 	<input type="text"/> 
View-Note	PIHP User	07/24/2014	Pharmacy
View-Note	MHP User	04/28/2014	Asthma




 Page size:
2 items in 1 pages


[Update Notification type](#)
[Unfollow this beneficiary](#)

Message:

Action: [Cancel](#) [Help](#)

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Care Coordination

Medicaid ID:

Chronic Conditions

Notes
Maintain caution when adding Notes, keeping in mind the following:

Export to Excel

Details

Clear filters

View-Note

View-Note

Page size: 10

Message:
Action: [Cancel](#) [Help](#)

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User: mhpuser
Subject: Asthma
Date: 11/10/2014
Note
Member was also seen in our clinic this month for an asthma-related condition.
Message
Action [Close](#)




More Info

ed-Note

pages

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Notes Tab – Follow Beneficiary

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Care Coordination

Medicaid ID:Name:Birth Date:Show More Info

Chronic ConditionsClient ProfileClaimsNotes

Notes
Maintain caution when adding Notes, keeping in mind that all Notes entered here can be seen by all users who have access to this individual's data.

Add-Note

Export to Excel

Details	User Name	Note Date	Subject
Clear filters ✕	<input type="text"/>	<input type="text"/>	<input type="text"/>
View-Note	PIHP User	07/24/2014	Pharmacy
View-Note	MHP User	04/28/2014	Asthma

◀◀1▶▶


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2 items in 1 pages


Follow this beneficiary

Message:
Action: [Cancel](#) [Help](#)

Notes Tab – Follow Beneficiary Screen



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Care Coordination

Medicaid ID: (64) [Show More Info](#)

Chronic Conditions

Notes

Maintain caution when adding Notes, keeping in mind the individual's data.

[Export to Excel](#)

Details User Name

[Clear filters](#)

No results were found.

[1](#) Page size: 10 0 items in 1 pages

Message:

Action: [Cancel](#) [Follow this beneficiary](#) [Help](#)

Notification Type:

☐ Check All

☐ BreakGlass

☐ ExtendedBreakGlass

☐ Follow

☐ Unfollow

Follow Reason:

Message:


Action: [Save](#) [Reset](#) [Cancel](#)

Notes


[Add-Note](#)

Subject

My Notes Screen



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My Notes

My InboxArchivedDeleted

Notification Messages

Clear Filters

Folder Category: ** Select a folder ** Move

Refresh

<input type="checkbox"/>	Date	Notification Type	Subject	Author	Beneficiary ID	Beneficiary Name
<input type="checkbox"/>	<input type="text"/>	All	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
> <input type="checkbox"/>	New 11/06/2014	Follow	Follow	PIHP User		

1




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1 items in 1 pages

Message:

Action: [Cancel](#) [Help](#)

My Notes – Detail Information

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My Notes

My Inbox

Archived

Deleted

Notification Messages

Clear Filters

Folder Category:

** Select a folder **

Move

Refresh

<input type="checkbox"/>	Date	Notification Type	Subject	Author	Beneficiary ID	Beneficiary Name
<input type="checkbox"/>	<div></div>	<div>All</div>	<div></div>	<div></div>	<div></div>	<div></div>
> <input type="checkbox"/>	New 11/06/2014	Follow	Follow	PIHP User		
✓ <input type="checkbox"/>	11/06/2014	ExtendedBreakGlass	ExtendedBreakGlass	PIHP User		
<div><div>Detail Notification Message Information:</div><div><div>Date:11/6/2014 2:59:12 PM</div><div>Type:ExtendedBreakGlass</div><div>Medicaid ID:</div><div>Beneficiary Name:</div><div>Author Phone No:</div><div>Author Email:</div><div>Detail:Reason:- Providing Service to Beneficiary Comments:- [detailed reason]</div></div></div>						
> <input type="checkbox"/>	New 11/06/2014	Follow	Follow	Amlan Pattnayak		

1

Page size: 10




3 items in 1 pages

Message:

11/20/2014Action: [Cancel](#) [Help](#)

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High Needs Screen








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High Needs for MDCH

The list below includes people who are considered high needs. Any person who shows up on this list potentially has three or more chronic conditions currently (within the last 18 months).

Export to Excel 

Details	Beneficiary Name	Medicaid ID	Current Count	Historical Count
Clear filters 	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Details			11	11
Details			11	11
Details			11	11
Details			11	11
Details			11	11
Details			11	11
Details			11	11
Details			11	11
Details			11	11
Details			11	11
Details			11	11
Details			11	11
Details			11	11
Details			11	11
Details			11	11
Details			11	11
Details			11	11
Details			11	11
Details			11	11
Details			11	11

12345678910...

Page size: 20

206437 items in 10322 pages

Message:
Action: [Help](#)


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Recent Deaths Screen



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Recent Deaths for MDCH

The people who are listed below have passed away in the last 90 days according to the MDCH Data Warehouse.

Export to Excel 





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76 items in 4 pages

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Emergency Department High Utilizers Screen

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ED Utilization for MDCH

[Trending High-Utilizers](#)
[High-Utilizers](#)

The list below includes people who are considered high utilizers. Any person who shows up on this list has more than twelve ED related claims or encounters submitted in the past six months.

[Export to Excel](#)




Details	Beneficiary Name	Medicaid ID	ED Related Claims
Clear filters	<input type="text"/>	<input type="text"/>	<input type="text"/>
Details			193
Details			186
Details			175
Details			170
Details			138
Details			137
Details			134
Details			126
Details			124
Details			119
Details			118
Details			118
Details			112
Details			108
Details			99
Details			97
Details			95
Details			89
Details			85
Details			82

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3490 items in 175 pages

Emergency Department Trending High Utilizers Screen




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ED Utilization for MDCH




Trending High-Utilizers

High-Utilizers

The list below includes people who are considered trending toward high utilization. Any person who shows up on this list has more than six ED related claims or encounters submitted in the past three months.




Export to Excel 

Details	Beneficiary Name	Medicaid ID	ED Related Claims
Clear filters 	<input type="text"/>	<input type="text"/>	<input type="text"/>
Details			57
Details			52
Details			51
Details			41
Details			41
Details			40
Details			40
Details			40
Details			39
Details			34
Details			34
Details			31
Details			31
Details			31
Details			30
Details			29
Details			29
Details			29
Details			29
Details			29

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Quick Analysis Demographic Filters Screen

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Quick Analysis Tool to define and run custom filters against the current plan's member population.

1 Demographics filters

2 Profile filters

3 Save/Run Filter Set

Step-1: Apply Demographics filter.

Age Range

City

County

Date Of Birth

Gender




Next

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Quick Analysis

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Quick Analysis Tool to define and run custom filters against the current plan's member population.

1 Demographics filters

2 Profile filters

3 Save/Run Filter Set

Step-1: Apply Demographics filter.

18 64✓
Age Range

City

INGHAM✓
County

Date Of Birth




Gender

Next

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Quick Analysis Profile Filters Screen



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Quick Analysis Tool to define and run custom filters against the current plan's member population.

1 Demographics filters

2 Profile filters

3 Save/Run Filter Set

Step-2: Apply Conditional filters.

Step-2.1: Filter Type.

Chronic Conditions▼

Chronic ConditionsMedicaid Benefit PlanPharmacyProgram TypesSerious Mental Illness Measures test

Step-2.2: Select Filter(s).

☐ [Asthma](#)☐ [Bipolar](#)☐ [Chronic Obstructive Pulmonary Disease](#)☐ [Congestive Heart Failure](#)☐ [Diabetes](#)☐ [Hyperlipidemia](#)☐ [Hypertension](#)☐ [Major Depression](#)☐ [Obesity](#)

Step-2.3: Condition.

☒ Include ☐ Exclude

Add Filter

Condition	Filter Type	Filters	Action
No records to display.			


Next

Message:


Action: [Back](#) [Help](#)

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Quick Analysis Screen – Filter Description



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Quick Analysis Tool to define and run custom filters against the current plan's member data

1 Demographics filters

2 Pr

Step-2: Apply Conditional filters.

Step-2.1: Filter Type.
Chronic Conditions

Step-2.2: Select Filter(s).

- ☐ Asthma
- ☐ Bipolar
- ☐ Chronic Obstructive Pul
- ☐ Congestive Heart Failure
- ☐ Diabetes
- ☐ Hyperlipidemia
- ☐ Hypertension
- ☐ Major Depression
- ☐ Obesity

Condition	Filter Type	Filters	Action
No records to display.			

Next

The following is a list of criteria used by this system to select Medicaid individuals for the condition shown above.

Source: AHRQ

Description:

- All patients with the diagnosis of congestive heart failure anywhere on a claim submitted to the MDCH Data Warehouse within the past 18 months are considered "Current"
- All patients with the diagnosis of congestive heart failure anywhere on a claim submitted to the MDCH Data Warehouse greater than 18 months are considered "History"

Determination: Use claim/encounter data

Codes: ICD9 codes



- 39891,40201,40211,40291,40401,40403 40411,40413,40491,40493
- 4280,4281,42820,42821,42822,42823,42830,42831,42832,42833,42840
- 42841,42842,42843,4289

[Close](#)

Message:
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Quick Analysis Results Screen

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Quick Analysis Tool to define and run custom filters against the current plan's member population.

Action	Filter Name	Filter Description
Run Edit Delete	Asthma/COPD(minus CHF and antipsychotics)	Returns individuals with claims related to asthma AND chronic obstructive pulmonary disease, AND without claims related to congestive heart failure AND anti-psychotics.

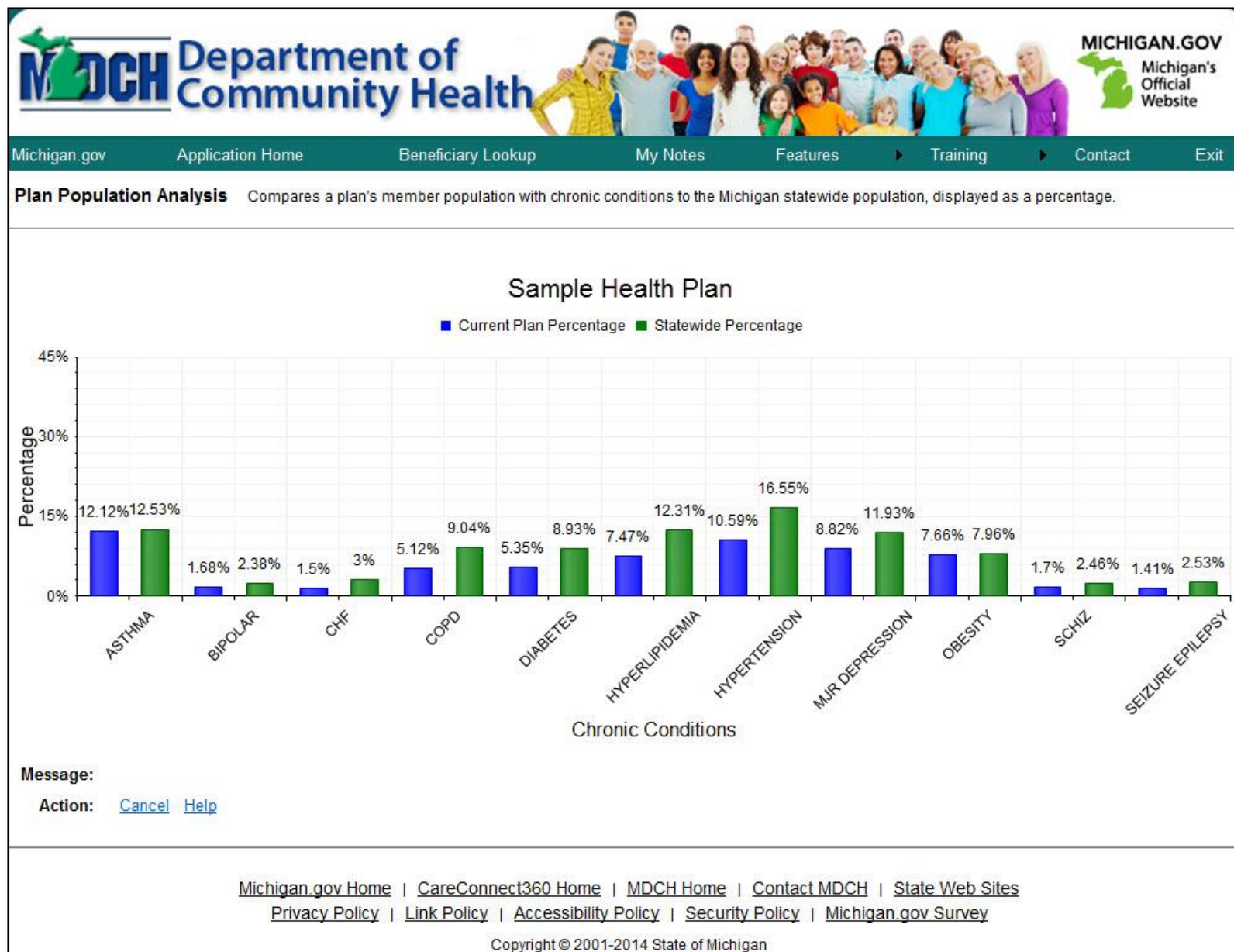
Page size:
1 items in 1 pages

Details	Beneficiary Name	Medicaid ID	Age	Gender	City	Residence County
Clear filters <input type="button" value="X"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	All	<input type="text"/>	
Details				F	LANSING, MI	INGHAM (33)
Details				M	LANSING, MI	INGHAM (33)
Details				F	LANSING, MI	INGHAM (33)
Details				F	LANSING, MI	INGHAM (33)
Details				M	EAST LANSING, MI	INGHAM (33)
Details				F	EAST LANSING, MI	INGHAM (33)
Details				M	EAST LANSING, MI	INGHAM (33)
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Plan Population Analysis Screen

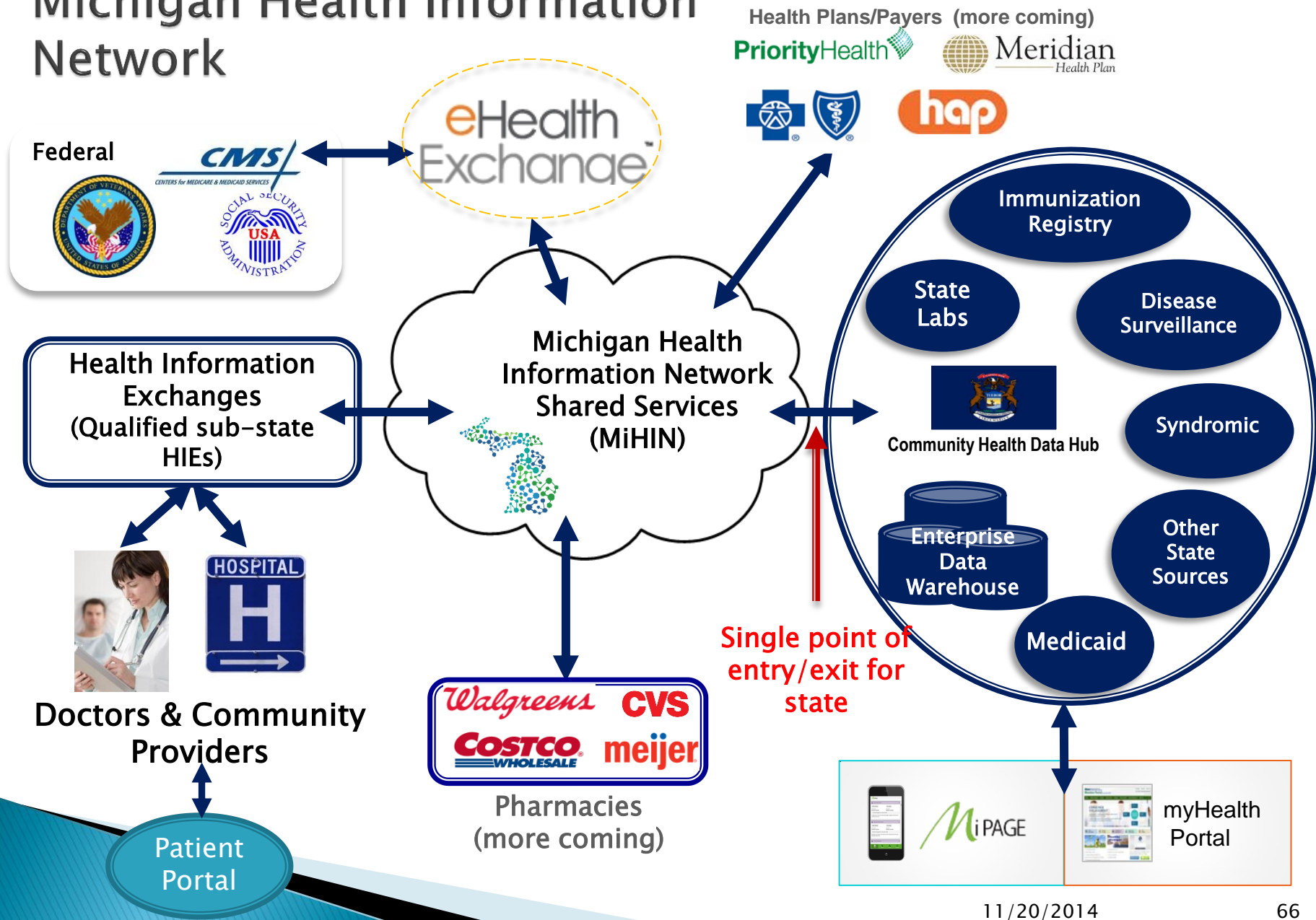


CareConnect360

Ongoing Development

- ▶ Expansion of functionality
- ▶ Additional data sets
 - Immunizations
 - Long Term Care
 - Human services
- ▶ Alerts
 - Transition of Care
 - Syndromic

Michigan Health Information Network



Questions?

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Open Forum on Long Term Supports and Services and HIT/HIE

Commissioner Dr. Orest Sowirka and Meghan
Vanderstelt



Questions for the Open Forum

1. How are individuals and providers in the LTSS System currently using HIT? What kind of information is collected? Which systems are used? Are these systems connected in any way?
2. Are there efforts in Michigan underway to integrate HIT into the LTSS System?
3. How can HIT be leveraged to connect individuals and providers in the LTSS System with the rest of the Michigan health care system?
4. How can MDCH support these efforts at the statewide level?

How can the Health Information Technology Commission help?

- Dedicate time on next year's meeting schedule to issues related to LTSS
- Help the Michigan Department of Community Health bring stakeholders together to discuss these issues
 - Consumers
 - Providers
 - Associations
 - Health information technology or health information exchange organizations
- Explore how individuals and providers in the LTSS system are currently using HIT

HITC Next Steps

- Co-Cahir
- MiHIN SS Board Representative



Public Comment



Adjourn

